

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> X <i>Joseph Colon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>Hon. Sharon Harris<br/> Clerk, U. S. District Court<br/> Northern District of Alabama<br/> 140 U. S. Courthouse<br/> 1729 5th Avenue North<br/> Birmingham, Al. 35203</p> <p><i>08cv57 Transfer Case</i></p>  |  | <p>B. Received by (Printed Name) <i>Joe Colon</i> C. Date of Delivery <i>3-17-08</i></p>  |  |
|  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
|  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>2. Article Number<br/> (Transfer from service label)</p>  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |
| <p>7007 1490 0000 0026 7500</p>  |  |   |  |